



**ROBERT W. BECKER & ASSOCIATES  
PATENT AND TRADEMARK LAW**

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March 19, 2001

Assistant Commissioner for Patents  
Office of Initial Patent Examination  
Customer Service Center  
Washington, DC 20231

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Re: U.S. Patent Application Ser. No. 09/394,135  
Dr. Holger K. Essiger Group: 3732

AUG 1 - 2001  
TECHNOLOGY CENTER R3700

Attn: APPLICATION DIVISION

Sir:

Please find enclosed the Filing Receipt in the above identified patent application.

It is respectfully requested that a corrected Filing Receipt be issued and sent to the undersigned with the changes as indicated on the enclosed copy.

Your prompt attention to this matter is appreciated.

Sincerely,

Robert W. Becker

RWB:db  
Encl.

## CORRECTED FILING RECEIPT



\*OC000000004998843\*

UNITED STATES DEPARTMENT OF  
COMMERCE  
Patent and Trademark OfficeAddress: ASSISTANT SECRETARY AND  
COMMISSIONER OF PATENT AND TRADEMARKS  
Washington, D.C. 20231

| APPLICATION NUMBER | FILING DATE | GRP ART<br>UNIT | FIL FEE REC'D | ATTY. DOCKET NO | DRAWINGS | TOT<br>CLAIMS | IND CLAIMS |
|--------------------|-------------|-----------------|---------------|-----------------|----------|---------------|------------|
| 09/394,135         | 09/10/1999  | 3732            | 445           | -               | 2        | 40            | 3          |

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11896 N HIGHWAY 14  
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TIJERAS, NM 87059RECEIVED  
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Date Mailed: 03/20/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

DR. HOLGER K. ESSIGER, WEDEMARK, ; *Germany*

## Continuing Data as Claimed by Applicant

THIS APPLICATION IS A CIP OF 09/113,031 07/09/1998 ABN

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## Foreign Applications

GERMANY 197 29 222.4 07/09/1997

GERMANY 198 03 628.0 02/01/1998

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If Required, Foreign Filing License Granted 09/29/1999

\*\* SMALL ENTITY \*\*

## Title

DEVICE FOR REGENERATING, REPAIRING, AND MODELING HUMAN AND ANIMAL BONE,  
ESPECIALLY THE JAW AREA FOR DENTAL APPLICATIONS

## Preliminary Class

433

Data entry by : GREEN, TERESA

Team : OIPE

Date: 03/20/2000



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## UNITED STATES PATENT AND TRADEMARK OFFICE

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Bib Data Sheet

CONFIRMATION NO. 3773

|  |   |                                    |   |                            |                                |
|--|---|------------------------------------|---|----------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>09/394,135   | <b>FILING DATE</b><br>09/10/1999<br><b>RULE</b>   | <b>CLASS</b><br>433                | <b>GROUP ART UNIT</b><br>3732   | <b>ATTORNEY DOCKET NO.</b> |                                |
| <b>APPLICANTS</b><br>DR. HOLGER K. ESSIGER, WEDEMARK, GERMANY;<br><b>** CONTINUING DATA *****</b><br>THIS APPLICATION IS A CIP OF 09/113,031 07/09/1998 ABN<br><b>** FOREIGN APPLICATIONS *****</b><br>GERMANY 197 29 222.4 07/09/1997<br>GERMANY 198 03 628.0 02/01/1998<br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY **</b><br>** 09/29/1999 |   |                                    |   |                            |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature _____ Initials _____   |   | <b>STATE OR COUNTRY</b><br>GERMANY | <b>SHEETS DRAWING</b><br>2  | <b>TOTAL CLAIMS</b><br>40  | <b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>ROBERT W BECKER & ASSOCIATES<br>11896 N HIGHWAY 14<br>SUITE B<br>TIJERAS ,NM 87059   |   |                                    |   |                            |                                |
| <b>TITLE</b><br>DEVICE FOR REGENERATING, REPAIRING, AND MODELING HUMAN AND ANIMAL BONE, ESPECIALLY THE JAW AREA FOR DENTAL APPLICATIONS  |   |                                    |   |                            |                                |
| <b>FILING FEE RECEIVED</b><br>445  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                            |                                |

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